

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 26, 2008 8:00 am**  
**Secretary of State**

03-26-2008 90115 005 \*\*\*143.75

<b>DOCUMENT # L07000096073</b>					
<b>1. Entity Name</b> BENCHMARK DEVELOPMENT & CONSTRUCTION, LLC					
<b>Principal Place of Business</b> 3603 NW 53RD TERRACE GAINESVILLE, FL 32606			<b>Mailing Address</b> 3603 NW 53RD TERRACE GAINESVILLE, FL 32606		
<b>2. Principal Place of Business - No P.O. Box #</b> 1055 SE Cty. Rd. 405		<b>3. Mailing Address</b> P.O. Box 841			
Suite, Apt. #, etc. Mayo, Florida		Suite, Apt. #, etc. Mayo, Florida			
City & State Mayo, Florida		City & State Mayo, Florida		03242008    Chg-LLC    CR2E083 (12/06)	
Zip 32066		Country US		<b>4. FEI Number</b> 26-1127074	
Zip 32066		Country US		<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  CORBIN, TRAVIS 3603 NW 53RD TERRACE GAINESVILLE, FL 32606			<b>7. Name and Address of New Registered Agent</b> Name: CORBIN, TRAVIS Street Address (P.O. Box Number is Not Acceptable): 1055 SE Cty. Rd. 405 City: Mayo, FL 32066		
<b>8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.</b> SIGNATURE: <u>Travis Corbin</u> <u>Travis Corbin</u> DATE: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>			<b>Make check payable to</b> <b>Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CORBIN, TRAVIS 3603 NW 53RD TERRACE GAINESVILLE, FL 32606	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CORBIN, TRAVIS 1055 SE Cty. Rd. 405 Mayo, FL 32066	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LAWSON, BROOK 700 SW 62ND BLVD. H-109 GAINESVILLE, FL 32607	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LAWSON, BROOK 1055 SE Cty. Rd. 405 Mayo, FL 32066	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.</b>					
<b>SIGNATURE:</b> <u>Travis Corbin</u> <u>Travis Corbin</u>			3-24-08 (352)-538-2055		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date    Daytime Phone #</small>		